



**Utilization Review Matrix 2023  
BlueChoice® HealthPlan**

**Interventional Pain Management**

<b>Procedure Name</b>	<b>Primary CPT Code</b>	<b>Allowable Billed Groupings</b>
Cervical/Thoracic Interlaminar Epidural	<b>62321</b>	62320, 62321
Cervical/Thoracic Transforaminal Epidural	<b>64479</b>	64479, +64480
Lumbar/Sacral Interlaminar Epidural	<b>62323</b>	62322, 62323
Lumbar/Sacral Transforaminal Epidural	<b>64483</b>	64483, +64484
Cervical/Thoracic Facet Joint Block <sup>1</sup>	<b>64490</b>	64490, +64491, +64492
Lumbar/Sacral Facet Joint Block <sup>1</sup>	<b>64493</b>	64493, +64494, +64495
Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	<b>64633</b>	64633, +64634
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	<b>64635</b>	64635, +64636

- ***Interventional pain management services rendered in an Emergency Room, Observation Room, Intraoperatively, or as a Hospital Inpatient are not managed by NIA/Magellan***
- *Add-on codes (+) do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.*
- *NOTE: due the repeat nature of IPM procedures, multiple authorizations may exist within the same validity period*

<sup>1</sup> **CPT codes for procedures performed with ultrasound guidance are not a covered service and are not reimbursable: 0213T, +0214T, +0215T, 0216T, +0217T, +0218T.**